

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 9/24/03.

I. DISPUTE

Whether there should be reimbursement for 99213, 97250, 97110, 97122, E1399 and 99215 from 9/23/02 through 12/13/02.

II. FINDINGS

Among the disputed services were those denied based upon “U” – unnecessary medical treatment. The requestor failed to submit the IRO fee as required by Rule 133.308. Therefore, all services disputed for medical necessity were dismissed by the Medical Review Division and will not be included in this review.

Also, the 9/23/02 date of service is outside the 365 days deadline as per Rule 133.307 and will not be included in this decision.

III. RATIONALE

Per Commission Rule 133.307 (e)(2)(A-B), “(2) Each copy of the request shall be legible, include only a single copy of each document, and shall include:..

(A) a copy of all medical bill(s) as originally submitted to the carrier for reconsideration in accordance with §133.304;

(B) a copy of each explanation of benefits (EOB) or response to the refund request relevant to the fee dispute or, if no EOB was received, convincing evidence of carrier receipt of the provider request for an EOB;

EOBs were missing and not submitted by either the requestor or respondent for 97110 on dates of service 10/7/02 and 11/26/02. The requestor did submit “convincing evidence of carrier receipt of the provider requestor for an EOB.”

Copies of HCFA’s were not submitted for 97110 dates of service 10/7/02 and 11/26/02.

Regarding those services without a MAR, the 1996 MFG General Instructions Ground Rule III (A) states that “Documentation of procedure (DOP) in the maximum allowable reimbursement (MAR) column indicates that the value of this service shall be determined by written documentation attached to or included in the bill. DOP is used when the services provided are

not specifically listed or are unusual or too variable to have an assigned MAR. The required documentation may vary based on the complexity of the procedure. DOP shall include pertinent information about the procedure including:

The requestor failed to furnish written documentation supporting the price of the DOP services.

Rule 133.307 (g)(3) states, “(3) If the request contains only medical fee disputes, the commission shall notify the parties and require the requestor to send to the commission, two copies of additional documentation relevant to the fee dispute. The additional documentation shall include:...

(B) a copy of any pertinent medical records or other documents relevant to the fee dispute;

The requestor was given the opportunity to submit medical documentation supporting delivery of service of the disputed service. Without this information, reimbursement can not be recommended.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10/7/02	99213	\$ 48.00	\$48.00	F	\$ 48.00	N/A	Paid by the carrier as per the EOB. Additional reimbursement is not recommended.
	97250	\$ 43.00	\$43.00	F	\$ 43.00	N/A	See above.
	97110	\$ 35.00	\$00.00	NO EOB	\$ 35.00	Rule 133.307 (e)(2)(A-B) Rule 133.307 (g)(3)	The requestor and respondent failed to submit copies of either the HCFA or EOB for this service. Also, medical documentation to support delivery of service was not submitted. Reimbursement is not recommended.
	97110	\$ 35.00	\$00.00	NO EOB	\$ 35.00	See above.	See above.
	97110	\$ 35.00	\$00.00	NO EOB	\$ 35.00	See above.	See above.
	97110	\$ 35.00	\$00.00	NO EOB	\$ 35.00	See above.	See above.
	97110	\$ 35.00	\$00.00	NO EOB	\$ 35.00	See above.	See above.
	97110	\$ 35.00	\$00.00	NO EOB	\$ 35.00	See above.	See above.
	97122	\$ 35.00	\$35.00	F	\$ 35.00	N/A	Paid by the carrier as per the EOB. Additional reimbursement is not recommended.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10/14/02	E1399	\$ 16.00	\$4.00	NO EOB	DOP	MFG, GI, (III)(a) Rule 133.307 (g)(3)	The requestor failed to submit documentation supporting their charges as DOP. Medical documentation was also not submitted. Additional reimbursement is not recommended.
	E1399	\$ 16.00	\$4.00	NO EOB	DOP	See above.	See above.
10/18/02	99215	\$103.00	\$00.00	F	\$103.00	Rule 133.307 (g)(3)	Both a HCFA and EOB was submitted on this disputed service. However, no medical documentation was submitted to support delivery of service. Reimbursement is not recommended.
11/26/02	97110	\$ 35.00	\$00.00	NO EOB	\$ 35.00	Rule 133.307 (e)(2)(A-B) Rule 133.307 (g)(3)	The requestor and respondent failed to submit copies of either the HCFA or EOB for this service. Also, medical documentation to support delivery of service was not submitted. Reimbursement is not recommended.
	97110	\$ 35.00	\$00.00	NO EOB	\$ 35.00	See above.	See above.
	97110	\$ 35.00	\$00.00	NO EOB	\$ 35.00	See above.	See above.
	97110	\$ 35.00	\$00.00	NO EOB	\$ 35.00	See above.	See above.
	97110	\$ 35.00	\$00.00	NO EOB	\$ 35.00	See above.	See above.
11/26/02	97110	\$ 35.00	\$00.00	NO EOB	\$ 35.00	See above.	See above.
TOTALS		\$541.00	\$00.00				Reimbursement is not recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for 99213, 97250, 97110, 97122, E1399 and 99215.

The above Findings and Decision are hereby issued this 27th day of May, 2004.

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Medical Review Division
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